HIPPOCRATES IN TEMPLO ESCULAPII TABULAS VOTIVAS RECOGNOSCENS.

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PHYSIC AND SURGERY.

We have been much pleased, says the editor of the Medico-Chirurgical Review, with the perusal of the introductory lecture of Mr. Samuel Cooper, delivered to the surgical students of the London University on October 3d, 1832, and reported in the London Medical and Surgical Journal for October 6th. After giving a brief, but distinct and interesting sketch of the history of surgery and physic, he takes up the consideration of the present actual division between them. The sentiments of Mr. Cooper on this head perfectly coincide with what we have ourselves on several occasions expressed, and we cannot allow the opportunity of recording them to escape us.

'An interesting question now presents itself—has the division of the profession, into physicians and surgeons, assisted or retarded its improvement? This is a point, on which it may be difficult to give a ready answer. Perhaps I should be justified in saying, that the division of practice, the division of labor, has had good effects, particularly when such division was exercised by men who had the same foundations, and began their respective careers, enriched from the same stores of science; for, gentlemen, if I am certain of anything, relative to professional education, it is that medical and surgical practitioners should all go through precisely the same elementary studies. Thus far I concur with many enlightened members of the profession; because, in whatever way the question, about the division of practice, may be disposed of, the unity and indivisibility of the science itself must continue. But I completely disagree with those who seem to desire nothing less than the annihilation of the physician and regular surgeon altogether. Human life is not long enough, and human faculties are not powerful enough, for any one man to attain, in both departments of the profession, the point of perfection to which the talents and industry of many generations have now brought them. Had he the longevity of a patriarch, his time would yet be insufficient for so ambitious a purpose.

'I calculate, that the young physician and the young surgeon, who mean to reach the temple of fame, ought to commence their journey and travel together many miles along the same road; but that, when they

have proceeded a certain distance, they must diverge a little, each taking the path leading to the summit of that branch of practice to which he is particularly devoted. Each carries along with him, however, the knowledge both of physic and of surgery ; and each is endowed with all that variety of information, which I have represented as forming the basis of medical science. For my own part I should never have any confidence in a physician ignorant of surgery ; nor is it possible to suppose any man entitled to the name of a surgeon, who knows nothing of physic."

We can scarcely add anything to these observations, unless we were to raise in still stronger terms our disapprobation of the attempt, or rather the wish, for the attempt would be preposterous, to annihilate the physician and consulting surgeon altogether. Such a notion argues an utter ignorance of the natural progress of civilization, and the entertainers of it might as well proclaim at once that they think the establishment of Owenite communities possible. As man becomes civilized, and social establishments gain strength, the division of labor likewise increases. In the wigwam of the savage, each individual is the manufacturer of most, if not the whole, of his necessaries and comforts. When a village is formed, the same individual practises many trades—is cobbler, tailor and draper. When commerce has erected that village into a town, the united trades are dissevered, and one person follows but one calling. The town increases to a city, such perhaps as the mighty one we dwell in, and with the augmentation of inhabitants is a proportionate augmentation of the subdivisions of labor. The tailor is no longer the artisan, he does not make, perhaps he scarcely sees, the clothes he sells. One workman fabricates the trowsers, another sews the coat, a third gets up the waistcoat, nay, waistcoat-making itself becomes a separate craft, and may be again sub-divided. Some of our readers may recollect the satirical remark of Lord Byron on this head :—

> None are complete, all wanting in some part,
> Like certain tailors, limited in art.
> For galligaskins Slowsheers is your man ;
> But coats must claim another artisan.

Turn which way we will, we meet the same subdivisions, continually increasing with the progress of society. Is it natural to expect that medicine can resist the operations of a law so general and so powerful ? It is not ; and we repeat, that the idea of annihilating the distinctions of physician and surgeon is at once preposterous and impotent.

The point to which all should direct their attention, is the education of the young man. Let that be rendered as general as possible, and let circumstances or inclination determine his subsequent choice of a particular department. This, however, is not the whole of the case, nor is this the perfect solution of the difficulty. The general practitioners are a class continually increasing in intelligence and respectability, qualifying themselves for a high station in medical society, and determined to assume it. Yet the general practitioner is a sort of homo non in our constitution—he belongs to the College of Surgeons and the Society of Apothecaries, he really supports them, and yet he is an outcast from either. These are anomalies that need not exist, that cannot endure. They are not the produce of present civilization, but the remains of in-

stitutions of a former era. The day for the destruction of such things may be more or less protracted, but so surely as the mind of man does not retrograde, they will sooner or latter be swept away.

CHANGES OF THE BLOOD IN CHOLERA.

Extract from an Inaugural Thesis, upon the Changes of the Blood in Cholera, submitted to the Professors of the Medical Department of the Columbia College, District of Columbia, February, 1833. By BENJAMIN FRANKLIN ROSE, M.D.

[Communicated for the Boston Medical and Surgical Journal by THOMAS SEWALL, M.D., Professor in Columbia College.]

FROM the earliest period of medical history, the humoral pathology continued to form the basis of every successive theory which was invented to explain the nature of disease and the operations of the animal economy, until Hoffman, Cullen, Brown and Darwin, in turn, rejected it, as unworthy a place in their systems.

A rejection of the humoral pathology was naturally followed by an almost entire neglect of the chemical analyses of the blood and other fluids which are elaborated from it, by the different organs; and to this neglect probably is to be ascribed, in a great measure, the obscurity in which the pathology and treatment of some of the most formidable and malignant diseases are still involved.

Such, no doubt, was the opinion of Bichat, when he pronounced the exclusive doctrines of humoralism and solidism as a pathological, no less than a physiological solecism; adding, 'that the humoral pathology has undoubtedly been exaggerated, but it has real foundations, and in many cases we cannot deny but that everything arises from the disorders of the humors.'

The truth of this observation is evinced by the morbid changes of the blood, exhibited in various diseased states of the system, such as the malignant fever of the West Indies, and the typhous fever, but more especially in that appalling epidemic, the cholera, which has recently visited our city.

With respect to the West India fever, to which allusion has been made, I beg leave to refer to the authority of Dr. William Stevens, of London, than whom, perhaps, no one has devoted more attention to the state of the fluids in that particular disease.

'It is very evident,' says he, 'from the symptoms, that there is little or no affection of the solids during life—and after death, even the most able anatomists cannot detect any trace of organic disease, either in the brain, the stomach, the intestines, or any of those organs whose derangements are generally supposed to be the cause of fever.'

'In those fatal cases,' continues he, 'there is no excitement in the commencement, sufficient to injure the solids, and we can only ascertain the real cause of death when we open the heart, and examine the state of the once vital fluid. There, in place of blood, we find a dissolved fluid, nearly as thin as water and as black as ink.' So similar was the state of the blood in the whole vascular system, that all distinction between venous and arterial was entirely lost.

The changes which take place in the blood during an attack of typhous fever, are very accurately exhibited by the following analyses by Dr. Clanny, of England. He divides his cases of mild typhus into three stages, of six days each: first, that of increase; second, of formation; and third, of declension.

The corresponding changes in the blood, are exhibited in the following table:—

	BLOOD.			
	In Health.	In Typhous Fever. 1st Stage.	2d Stage.	3d Stage.
Water	678	729	772	732
Coloring Matter	160	136	122	130
Albumen	121	98	75	101
Fibrin	28	25	22	26
Salts	13	12	9	11
	1000	1000	1000	1000

There are various other diseases in which morbid changes are strongly marked in the blood and in the other fluids. But I leave these general remarks, and pass to a more particular examination of the blood in the disease of cholera.

In what this disease consists, what agents are concerned in producing it, and whether these agents make their primary impression upon the blood, are points which I shall not discuss. Every one, however, who has had much experience in the disease, who has devoted much time to post-mortem examinations, or who has attended closely to the state of the blood when drawn, must have observed that at a very early stage of cholera the circulating current is so materially changed, as to render it unfit to perform the functions assigned it by nature.

Equally certain it is, also, that there are no symptoms, connected with the disease, so uniform in their appearance and progress as the morbid changes of the blood, and none probably of more importance in the pathology of the disease.

These morbid alterations may be considered under the heads of *sensible changes*, and *those changes which relate to its chemical constitution*.

Under the first may be mentioned those of color, consistence, taste and smell.

The color of healthy arterial blood is a beautiful vermilion red; and that of venous blood, a Modena, or purplish hue.

In cholera it is found to assume a manifestly different appearance, and which writers have denominated dark, black, tar-colored, &c.

This preternaturally dark color has been found to characterize all the blood drawn in this city, for some weeks previous to the eruption of the cholera, during its continuance, and for months after the disease had disappeared; and that not only in man, but also in brute animals. The same observation has also been made in other parts of this country.

Healthy blood is thin, and flows freely, even through the smallest orifice.

Blood drawn during an attack of cholera, is found to have become quite tenacious, flows reluctantly, even through a large orifice, and if

taken, when the disease is fully formed, might rather be said to ooze out. Hence different authors have applied to it the terms ropy, syrupy, or semi-coagulated.

Blood in a healthy condition possesses a saltish taste, and a peculiarly nauseous smell.

Blood abstracted from a patient in cholera, possesses these characteristics in but a slight degree; and if drawn when the disease is much advanced, not at all.

I shall now endeavor, by the aid of some analyses which have been lately made, to show those changes which take place in the chemical composition of the blood, while the system is under the influence of the cholera.

Drs. Clanny and O'Shaugnessey, of England, have devoted considerable attention to the subject of the fluids in this disease—I therefore copy the following comparative analyses of healthy and cholera blood, made by these gentlemen. The following is the result of their experiments.

	ANALYSIS	
	Of Healthy Blood.	Of Cholera Blood.
Water	756	644
Albumen	121	31
Coloring Matter	59	253
Carbon	32	66
Fibrin	18	6
Muriates of Soda and Potassa, Carbonate of Soda and Animal extract	14	0
	1000	1000

It appears, from these analyses, that the blood has lost a large portion of its water, about three fourths of its albumen, two thirds of its fibrin, and every particle of its saline ingredients; while with the exception of the fibrin, those principles which pertain to the formation of the solid part of the blood, or the crassamentum, are found to have increased enormously: for instance, there is of coloring matter four times as much as is found in the same quantity of healthy blood.

Dr. Thomson has likewise made some analyses of the blood in this disease, two of which follow, accompanied with one of healthy blood.

	ANALYSES.		
	Healthy Blood.	Cholera Blood.	Cholera Blood.
Water	78.39	66.121	67.940
Albumen	8.47	4.856	6.305
Fibrin	4.45	.378	1.340
Coloring matter with Albumen	7.39	27.450	23.160
Salts	1.30	1.195	1.255
	100.	100.	100.

I shall not attempt to reconcile the discrepancy of the foregoing analyses, nor to trace the cause which has produced it. Could all the attending circumstances be examined, it would probably be found connected with the state of the atmosphere or condition of the system.

Yet while the analyses of healthy blood differ, in that the first attributes thirty-two parts of carbon to 1000 parts of healthy blood, and the second entirely disallows this article as a constituent of the blood, still there is evidently a striking similarity in the leading features of the chemical changes wrought by cholera.

By a glance at the following comparative analyses of serum and the watery evacuations, it will be seen that the latter consists of nearly the same proximate principles with the former, and also that they yield several of those principles, which are lost by the blood during the disease.

ANALYSIS OF HEALTHY SERUM BY MARCET.

Water	900.
Albumen	86.8
Muriates of Potass and Soda	6.6
Muco-extractive matter	4.
Carbonate of Soda	1.65
Sulphate of Potassa	.35
Earthy Phosphates	.60
	1000.

ANALYSIS OF FLUID VOMITED IN CHOLERA.

Water and Mucus	990.
Osmazome-like substance	6.51
Salivine	1.04
Acetate of Soda, Muriate of Soda, with a small quantity of Phosphate of Lime and Magnesia	1.56
Anhydrous Ascetic Acid	.89
	1000.

Mr. Hermann found the watery excrement of cholera patients to consist of the same ingredients as the fluid vomited, with the addition of a little resin of bile.

The above analyses would lead us at once to pronounce the watery evacuations of those laboring under cholera to be the serum of the blood.

The following statement, by Mr. Hermann, tends as strongly to confirm such a position, as any that could be offered, after the above experiments; while it serves also to illustrate, in a very striking manner, the rapidity with which the blood is deprived of its serum in this disease.

	Serum.	Clot.
Healthy blood is shown by Dr. Thomson to consist, in 100 parts, of	55	45
Mr. Hermann's Statement.		
1st. Blood taken from a girl in cholera before watery evacuations occurred	50	50
2d. Blood taken from a man in cholera four hours before death	40	60
3d. Blood taken from a man after watery evacuations had occurred	37.5	62.5
4th. Blood taken from men soon after recovery from cholera	45	55

Those phenomena, which were noticed under the head of sensible

changes, have been shown, by the operation of arteriotomy, to be applicable to arterial as well as venous blood. Both arterial and venous blood, if drawn when the disease is somewhat advanced, are found by coagulation, which takes place much more speedily than in healthy blood, to be very deficient in serum.

Post-mortem examinations show the blood of the left side of the heart to be in the same condition as that of the right; and that contained in the arteries and veins to be similar, viz. black and thick; and in those cases which were severe and protracted, little else than the crassamentum of the blood remained.

It is to be regretted that no chemical analysis of arterial blood in cholera has been made; though in view of the foregoing experiments and observations, there can be but little doubt that the same chemical changes take place in the arterial as in the venous blood.

HEMORRHAGE FROM THE UNIMPREGNATED UTERUS.—HEMORRHAGE FROM THE NOSE ARRESTED.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In a late number, in consequence of the queries of a correspondent, you invited the attention of your contributors to the subject of Uterine Hemorrhage. I hope the invitation will meet with that attention which a matter of such importance demands, and that it will receive replies from those of your correspondents who have had the most extensive practice and experience in female diseases. In the mean time, if you find nothing more to the purpose, I will thank you to publish the following remarks, which are the result of personal observations, and of information received from discriminating and able physicians, for a period of about thirty years.

In the first place, it is proper to limit the question, in order to determine the precise object of inquiry. In the present case, I suppose *acute* uterine hemorrhage to be meant, in which there is *a sudden discharge of blood from the uterus*, so *urgent* as to excite alarm with respect to the *immediate* safety of the patient, or so *profuse* as speedily to debilitate the system to such a degree that there is reason to apprehend a permanent or protracted injury to the constitution. Under this view, menorrhagia, whether it consists in a too copious discharge, or in a too frequent return of the catamenia, or in a combination of both, as is frequently the fact, is excluded—it probably being *always*, in a greater or less degree, *chronic*. Besides, I have never known such a hemorrhage, however troublesome it might be, and however injurious it might prove in the *end*, to be attended with *immediate* alarm and danger. It is rather the *remote* consequences, than the immediate effects, which we dread in menorrhagia, especially when it *first* becomes so urgent as to require medical advice.

In advanced life, or in some instances near the usual period of the cessation of the catamenia, uterine hemorrhage may occur from cancers, and from tumors in the uterus or vagina—from prolapsus or procidentia, and possibly from other causes. These cases are also chronic, or con-

nected with such chronic affections as to exclude them from present consideration.

Violent mechanical irritation, and lesion of the os uteri and vagina, about the time of the menstrual period, are said, I believe justly, sometimes to be followed by pretty profuse uterine hemorrhage. This is of course acute, and consequently the only case, which I can imagine, that is ever liable to be brought into question, when the subject of abortion is under consideration. However, the patient, if she pleases, has perhaps always power, by her statement, to set this matter in its true point of light.

I recollect no other exception, and am therefore induced to conclude that every case of *acute* uterine hemorrhage, except it manifestly proceeds from mechanical lesion (and indeed the vast majority of cases of this kind), arises from pregnancy. The hemorrhage may appear before or after delivery, or it may occur during labor; and it may happen at any time, from the second month to the full term of utero-gestation. I believe, however, abortions are more frequent in the third month than in any other of the nine.

If I recollect right, more than twenty years ago, when the chastity of a royal personage, who lived separate from her husband, was questioned, the strongest circumstances arose from the testimony of her wash-woman. If it had been a case of menorrhagia, it would have been chronic, and the woman must previously have often seen, in some degree or other, signs of chronic hemorrhage. Her mistress would not, all at once, have been deluged with the *show* of a lying-in patient. But, though such an acute hemorrhage could leave very little doubt, still I am not prepared to say that it afforded sufficient evidence for legal conviction. It would, however, be enough to authorize a grand jury to find a bill of indictment, and throw upon the accused the burden of explaining or rebutting it before a petty jury. I once myself saw a grand jury make a mistake, and find *no bill*, in a case of this kind.

We ought, however, to be extremely cautious in giving opinions, in cases of women who have previously borne unsullied reputations. Many of the symptoms of pregnancy, and of the puerperal state, are common to other diseases. The dark areola around the nipple is by no means, according to my personal observation, a sure sign of pregnancy. Tumors and abscesses in the breasts, I have seen where there was no connection with the puerperal state. Nor is milk by any means always a sure sign, unless fortified by other circumstances, that a woman has been recently delivered. I once had a patient, a married woman, where there was no temptation for deception, who was laboring under amenorrhœa. As a vicarious evacuation, her breasts were regularly, every month, supplied with milk. After treatment for two or three months for amenorrhœa, the catamenia were restored, and the secretion of milk ceased. Shortly after, she became gravid.

If time and space admitted, it would be easy to enumerate various cases, where many of the usual symptoms of pregnancy, or of recent delivery, were present, which, upon a thorough and impartial investigation, proved to be utterly fallacious, in the particular instances where they were found.

SENEX.

March 20, 1833.

P. S. Though remote from the present subject, I will here mention, that I have lately seen a troublesome case of hemorrhage from the nose suddenly and permanently checked, by injecting through the nostril, into the throat, a strong decoction of nutgall. It produced so little uneasiness to the patient, and such immediate relief, that I am determined to employ it again in the first obstinate case of the kind. S.

ACCIDENTAL CURE OF HYDROCELE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In the month of October last, Mr. H. H., a stonecutter, 30 years of age, called on me for advice respecting a hydrocele which had troubled him about eight months. On examination, I found the disease situated on the left side, and probably containing twelve ounces of fluid. I informed him that he could only hope for relief by an operation; but as he was actively engaged at that time, he chose to defer the operation to a more convenient season.

Whilst working on a ledge of granite, soon after his visit to me, his foot slipped, and in recovering himself he accidentally compressed the tumor violently between the thighs. He experienced a sensation in the part as if something had given way, and immediately fainted. I saw him in less than half an hour after the accident. To my surprise, and his great alarm, I found the scrotal tumor greatly enlarged, extending to the rim of the abdomen. This enlargement I attributed to a rupture of the tunica-vaginalis, and a consequent effusion of the serum into the cellular texture. After quieting his fears, I directed a saline cathartic, rest, and the local application of a solution of mur. ammon. and acet. plumbi. Under this course the tumor subsided, so that at the expiration of a fortnight the part was of its natural size, and no soreness or inconvenience was left. Respectfully, your friend, J. S. Hurd.

Charlestown, March, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 3, 1833.

VARICELLA AND VARIOLOID.

We subjoin some remarks on the diagnosis of these two affections, and the relation which they bear to each other, originally published in the Archiv. für Medicinische Erfahrung, for 1828. They may derive some interest from the fact, that the form of varicella known as chickenpox, has been of late abundantly prevalent among us. The object of the author is partly to show, in opposition to Thompson and others, that varicella and varioloid are perfectly distinct in their nature, and do not at all run into each other. Varicella, says this author, consists in small flat,

superficial vesicles, of a lenticular form, more or less regular, and filled with a tenacious milky fluid, their seat being evidently superficial, under the epidermis; the dermis itself seemed little affected. Their eruption is irregular, not extending from the face to the extremities, but showing itself here and there; and often there supervenes a second eruption, when the first has died away. No thick crusts form, and there remain for the most part only red spots on the skin, rarely a deep cicatrix, and that only when suppuration takes place in the vesicle, extending to the subjacent skin.

Varicella has no connection with smallpox, does not proceed from the same contagious principle, and never produces smallpox. It may be propagated by inoculation, but in this case it only reproduces itself, without running into the last-named disease.

All the varioloids, on the contrary (and they include many modifications), appear as smallpox modified, and that by a total absence or simple diminution of aptitude in the individual to contract the disease. This inaptitude is generally produced by preceding vaccination; but some persons seem to have from nature less susceptibility than others, so that though not vaccinated, the infection of smallpox produces only varioloid. Thus varioloid always arises from smallpox contagion, and may again produce, by inoculation, and sometimes by spontaneous infection, true smallpox, in persons predisposed to receive it. It is distinguished from varicella by having its pustules more elevated, often hemispheric, or even conical, filled with a thicker greyish matter more closely resembling pus; it forms thicker scabs, and leaves deeper indentures. It has evidently its seat more deeply, and the dermis itself is involved.

These characters are common to all the varioloids; but they are variously modified according to the violence and extent of the eruption. It is no doubt the benign varioloid which seems often to have been confounded with varicella, from which, however, it may be distinguished by certain signs. Varioloid may in fact be said to exist in these different degrees; though as this distinction is arbitrary, we might with the same propriety assign to it either more or fewer divisions.

In the first degree, the most violent, and that which approaches nearest to true variola, there comes out over the body a general eruption accompanied by severe fever. The insulated pustules, and the assemblage of phenomena, are such that it is not easy to distinguish this from true smallpox: but at the conclusion of the eruption all the pustules dry rapidly; there supervenes no suppuration, no fever, and the second half of the disease passes off with unusual rapidity and mildness.

In the second degree, the eruption is less abundant, the fever more moderate; the face being first affected, on which the greater part of the pustules are developed, then the chest, the body, and the extremities, where, however, they appear more rarely. Soon after the eruption the

vesicles dry, and the scabs, which have sometimes a horny appearance, remain, as appears to be the usual case in varioloid, a long time without falling off.

Finally, in the third or slightest degree, in which the eruption can be clearly traced to the variolous virus, there are developed only a few insulated pustules on the face, and still fewer or none on the body. The pustules are hemispheric, filled with dirty greyish pus, changing to thick elevated scabs; they were evidently seated in the dermis, so that like true smallpox they leave, after filling, an elevation of wart-like form, which afterward changes to a deep cicatrix. The general health is usually not disturbed, except a slight access of fever, with which the disease commences; the persons attacked remain in their usual state, and are not obliged to leave their business.

QUEBEC REPORT ON THE CHOLERA.

We have before us a Report of the Board of Health of Quebec, relative to the events of the last summer, which on some accounts is deserving of attention. It appears that, like other Boards of Health in cholera times, they have found their situation no sinecure, and have been obliged to take their labor for their pains, and few thanks into the bargain. The following are some of the points touched upon in the Report.

It appears that the quarantine regulations were enforced with great difficulty, owing to the inclemency of the weather, and the consequent danger attending the service of enforcing vessels respecting the quarantine. Those, however, which passed Grosse Isle notwithstanding the sanitary regulations, were compelled to return and submit to the examination. All under any suspicion of disease underwent a quarantine, together with such a course of disinfection and purification as was thought expedient.

The Board recommend the improvement of the station at Grosse Isle, and particularly the establishment of a market for the sale of provisions to such emigrants as are able to procure them. They recommend that *all vessels* bringing passengers should land them at the Island, and that arrangements should be made for the disinfection and purification of the vessels, passengers, and baggage.

The Board next advert to some necessary improvements in the arrangements and regulations of vessels bringing passengers. They observe that the space at present allowed, that of three tons to four persons, is insufficient. The sale of liquors on board of these vessels is mentioned as a serious evil, as is also the occasional deficiency of provisions. It appears that the inspector, whose duty it is to see that the quantity furnished by the passengers is sufficient for their wants, satisfies himself with ascertaining that this is true in the aggregate, without inquiring into

the particular condition of each family. The consequence is, that some fall short, and are then obliged to purchase the ships' stores at an enormous rate, which strips them of whatever earnings they may have laid up for future use.

The state of the city is next referred to. It appears that the low boarding houses are very filthy, an evil which it has been attempted to remedy by specific regulations. Intemperance, and the facility of obtaining liquor which is its main cause, are especially complained of.

The state of the public and private drains, and of the sewers, is said to call for prompt attention. The scarcity of water in the upper town, is also an evil of a serious nature. The accumulation of filth in the streets during the winter, becomes a nuisance in the spring and summer, and co-operates with the other causes in predisposing the inhabitants to suffer from any epidemical disease which may break out. 'In fact,' says the Report, 'the general state of Quebec, in all the above respects, loudly calls for amendment. It is even disgraceful; and so long as those causes exist, the health of the city can never be secure—fevers of a bad character will break out, and creep through all classes of the community, as indeed is but too frequently the case. But their removal will require the co-operation of all the authorities and bodies of men who have any control over or superintendence of the drains, streets, enclosures, and deposits of rubbish, through the city and suburbs, who should all be amenable to the authority which may hereafter be appointed to take cognizance of the health of the city.'

The Report concludes with some statistical and other tables, from one of which we derive the following facts.

Of 1292 cholera patients admitted into the Emigrant and Lower Town Hospitals between the 8th of June and the 2nd of November, there were males, 882; females, 410. Cured, 507; died, 785. Children, 144; between 15 and 30, 464; 30 and 45, 482; 45 and 60, 183; above 60, 19. From England, 310; Ireland, 812; Scotland, 84; Nova Scotia, 1; Canada, 56; United States, 6; West Indies, 8; elsewhere, 15.

TREATMENT OF EPILEPSY.

We noticed in a late Dublin Journal a mode of treatment recommended by Dr. Graves, of Dublin, Ireland, in cases of epilepsy. It consists in pouring a continued stream of cold water on the head of the patient, from a height such as to impart to it a considerable degree of force. The plan is not indeed a new one, and as an empirical practice is often resorted to in such cases. Dr. G. has known it to abridge materially the duration of the fit, and has seen it successful even where the life of the patient was seriously threatened. In one case the unhappy subject appeared in articulo mortis, the pulse nearly extinct, the countenance sunk, skin cold, &c.; but on the diligent application of the remedy the vital powers rallied,

and enabled the attendants to employ other means, the joint operation of which was entirely successful. Of course the remedy was merely palliative.

OZENA.

This extremely disgusting and obstinate complaint appears to have yielded at last to the power of that popular remedy, the chloride of lime. Its success in cases of chronic purulent discharge from the nose, is attested by Dr. Horner in the Philadelphia Journal, and by Dr. Awl in the Western Journal. Dr. Awl's case was truly afflicting, presenting in extremo all the worst symptoms that attend the worst form of the disease.

As the cure was radical, and unquestionably effected by the chloride, we shall present his own account of the treatment, which is this :—

At my request he commenced the use of the chloride of lime on the 1st of March, 1831, by putting a teaspoonful into a cup of water, and injecting the clear liquor, three times a day, high up into the nostril. Its effects were at first very severe, made him sneeze terribly, and he did not continue it long before it produced both so much pain and hemorrhage as obliged him for a week to suspend it altogether. At the end of that time he began again ; the effect was not so severe as before, and he determined to persevere. It always produced a more copious discharge, and did much service in correcting the fetor of the matter ; but he had continued it three times every day for at least four weeks before he was satisfied that it was producing any permanent change. Nearly about the same time the other nostril also commenced running ; after which, he improved so fast, that by the end of June the cure was complete. It has not since returned in the slightest degree.

CASE OF INVERSIO VESICÆ.

The following very remarkable and instructive history is published by Dr. Murray in the Liverpool Medical Gazette. We commend it to the notice of the reader.

Jane R—y, æt. 4, admitted into the county of Meath Infirmary, July 9, 1829. Her mother stated that she had been seen by a medical gentleman six hours previously, who had represented the disease under which she was suffering to be prolapsus ani, but failed in reducing it, after a tedious trial. On learning that mortification would most probably be the consequence of its non-reduction, she became alarmed, and brought the child to Mr. Nicolls, of Kavan, who, having satisfied himself that it was some unusual disease, immediately brought her to the Infirmary, where she was seen by Dr. Byron, the present surgeon to the Infirmary. For examination, she stood on a table, with her face towards the examiners, and our first impression certainly was that of it being a case of prolapsus recti. We prepared to reduce it in the usual manner, by placing her on the back, elevating the head, and fixing the thighs on the abdomen. Catheters were also in readiness to empty the bladder. Immediately af-

ter having thus arranged the patient, the anus and perineum were plainly discernible. A closer examination now became necessary, and the following appearances were noted down. A pyriform tumor, the size of a small hen's egg, depends from between the upper portion of the labia-pudendi, color of a dark mahogany, the base below, the apex above; the little finger oiled and introduced per anum, communicates no motion of the tumor, nor can anything unnatural be detected. On raising the tumor towards the pubis, the vagina was seen, but the meatus urinarius could not be traced. Some congenital deformity was now suspected, but the mother's answers, which were very clear, satisfied us on that point. We now sought to ascertain if the bladder were inverted. The orifices of the ureters were looked for, but not discovered until a very slight traction of the tumor downwards rendered the inversion complete. A small silver probe was passed up each orifice, which, on being withdrawn, was followed by urine almost devoid of either smell or color.

Replacement.—The neck of the bladder was steadied by the thumb and fore-finger of the left hand, and the fundus having been pushed upwards by the end of a gum elastic catheter, its re-inversion was easily effected. The catheter was retained there for a few hours by an assistant. Some tenderness of the pubic region following, attended with vomiting, leeches, warm bath, and castor-oil, were prescribed, to which those symptoms quickly yielded. On the 17th of July she was discharged cured.

Observations.—That the bladder could be completely inverted, I had, until then, deemed anatomically impossible: of course it can take place only in the female. I am not aware that there is any case on record. I certainly have not been able to consult the 'Cas Rares.' It is true, that Mason Good says something about prolapsus vesicæ into the urinary passages under two forms. He quotes from Sauvages.

First form, a protrusion of the inner membrane, in consequence of its separating from the general substance of the bladder, visible in the meatus urinarius, of the size of a hen's egg, subdiaphanous, and *filled with urine*. Sauvage's case is quoted from Noel, who met with it in a virgin, who was, from the *first*, peculiarly troubled with retention of urine, accompanied with frequent convulsive movements. The state of the tunic was proved by dissection. But this case is no ways analogous to the one I have just related. I am inclined to consider it a case of congenital malformation from the word *first*, which signifies, in the above case, from birth, or perhaps it was anasarca of the submucous tissue, from inflammation. It is stated to have been filled with urine; but, if separated from the general substance of the bladder, how could it be filled with urine, unless from some opening by ulcer, or otherwise? Mortification must have been the consequence of such effusion.

The second form, he tells us, is chiefly found among women who have borne many children. The protruding cyst drops down into the urinary passage to about the length of the little finger, and is sufficiently conspicuous between the labia.* He gives a case from Solingen. Where the anterior wall of the vagina has been destroyed, and a communication formed with the bladder, an inverted bladder is by no means uncommon. I do not remember any cases of inversion where the destruction was confined to the urethra alone. Anatomically considered, inversion is more likely to take place in the young than in the aged. In the child, the

* Dr. Good seems rather to describe prolapsus vesicæ than inversio; but as he places both inversio and prolapsus uteri under the genus 'Exoptosis,' there is some difficulty in understanding exactly what disease he intended to describe.

shape of the bladder, both in its distended and contracted state, is pyriform, the base above, the apex below ; while its axis is almost perpendicular : in the adult, its form, when distended, is oval ; when contracted, a flattened triangle, its long axis oblique, anteriorly pointing to the linea alba midway between the pubes and umbilicalis, posteriorly if produced will touch the extremity of the coccyx. In consequence of the non-developement of the pelvis of the child, the bladder is almost entirely in the hypogastric region, subject to the action of all the abdominal muscles, particularly that of the pyramidales and the lower divisions of the recti, from which it is separated only by a thin fascia. In the adult it lies altogether in the pelvic region, unless when distended ; and as it is only in the contracted state that inversion can take place, it is almost entirely withdrawn from the influence of the above-mentioned muscles. Moreover, in the child the ligaments of the bladder are weak and yielding, the urethra absolutely shorter, and there is scarcely any angle formed between the bladder and urethra, which must favor inversion as much at this period of life, as the contrary form tends to prevent it at a more advanced time. Inversio vesicæ is not analogous to the inversion of any other part of the human body. It resembles that of the uterus more than that of any other organ. But the cause of the latter being inverted is easily understood—namely, a forcible separation of the placenta, polypus, &c. ; and did the same cause exist in the bladder, no doubt we should have inversion very common : but in the case I have just related, the surface was minutely examined for either polypus or an adhering calculus, but its healthy appearance was a sufficient testimony that none of those causes existed. The inversio uteri, in the unimpregnated state, has been denied by some, and, no doubt, if in this state it had not been subject to polypus, the opinion would have been correct ; but I have seen a polypus completely invert the uterus, although unimpregnated, and Dr. Byron mentioned to me another which occurred in his private practice. Could the inversion have taken place in the following manner ? In its contracted state, the internal surface of the fundus might have easily fallen down on the opening of the urethra, so as to form something like a partial inversion. In this case its serous surface would have formed a funnel, the concavity looking upwards ; if a portion of intestine filled this cavity, a sudden exertion of the abdominal muscles might have completed the inversion.

VENOUS PULSATION.

A CASE presenting some curious peculiarities is related by Dr. T. O. Ward, in the London Medical Gazette. One of these was, that whenever the patient took castor oil, it did not act as a purgative, but exuded from every part of the body. Another was, that the veins on the back of the hand pulsated violently ;—even in the small ramifications of the fingers this phenomenon was remarked. The coats of the veins were unusually pellucid, and the blood of an arterial hue.

Dr. Elliotson has also recorded some analogous cases in the following note :—

'In a young lady whom I attended for chronic bronchitis, accompanied by a violent cough, and who ultimately recovered, all the *veins of the back of the hands and forearms pulsated synchronously with the arteries.*

An unusual pulsation of the veins, sychronous with that of the arteries, occurred for some days twice in a young man who died of cerebral disease, with constriction of the mouth of the aorta ;* once in a middle-aged man, with affection of the head and abdomen, who recovered ;† once in a middle-aged man, who died with dropsy and palpitation ;‡ and lately in a girl who died with symptoms of hydrocephalus.§ In a case of epidemic fever, the same was observed by Weitbrecht for twenty-four hours ;‖ and he had previously seen a similar case, but doubted his senses. Haller's remark upon it, is *ego quidem non intelligo.*'¶

Cæsarian Operation.—The following very remarkable fact is stated in the Montreal Spectator :—'On the 26th of February last, Elizabeth Savoyard, wife of M. Jeremie Trottier, aged 40 years, died suddenly at St. Laurent, where she resided. She was near her confinement. Dr. Moreau called twenty minutes after her death, and effected upon her the Cæsarian operation. The result was, three living infants, two boys and a girl. Two of these died immediately ; the third lived four days by artificial respiration.'

We should be obliged to Dr. Moreau, or some other of our medical friends in that vicinity, for an accurate account of the case referred to.

Absence of the Patellæ.—There is a patient at present in St. George's Hospital, in whom the patellæ are entirely wanting. The knee looks rather flatter than usual, but no apparent evil results from this anomalous formation, as the man says he can walk many miles a day without difficulty. The peculiarity is hereditary—neither his grandfather nor father having had patellæ ; and it also extends to other members of his family.

London Medical Gazette.

The Influenza.—This epidemic was, at our last accounts, extremely rife at St. Petersburgh and Moscow. In St. Petersburgh alone, it is said that 100,000 persons were suffering from it, and that the business and public amusements of both places are almost entirely arrested by its extreme prevalence.

Medical Degrees, to the number of fifty-four, have been conferred at Baltimore, at the late Annual Commencement of the Medical Department of the University of Maryland.

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* Journal Complementaire, t. xxi. Juin, 1825. † Journal der Practischen Heilkund. Sept. 1815.
‡ Archiv. fur Medicinische Erfahrung, July and August, 1822.
§ Haller's Dissertations, t. v. p. 407, 1736. ‖ Dublin Hospital Reports, vol. iv.
¶ Elem. Physiol. t. ii. p. 256.

We acknowledge the receipt of part of Prof. Telly's valuable paper on the Actea racemosa, and shall commence its publication next week. We shall be obliged to Prof. T. if he will forward the remainder of the paper, and also his account of the therapeutic applications of this article, in such periods as will enable us to complete their publication in successive numbers of the Journal.

The remaining three essays on the Influence of Occupation on Health are received. They will appear, without interruption, after this week.

Whole number of deaths in Boston for the week ending March 29, 31. Males, 4—Females, 17.
Of burn, 1—infantile, 3—consumption, 6—palsy, 1—old age, 1—lung fever, 1—throat distemper, 1—inflammation of the intestines, 1—cancer, 1—convulsions, 1—disease of the heart, 1—scarlet fever, 1—liver complaint, 1. Stillborn, 3.

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